



Housing Enquiry Form

Applicant

Second Applicant:

Name:		
DOB:		
Phone:		
NINo:		
Nationality:		
Medical Conditions:		

Last 3 years addresses – Applicant

Address	Dates	Landlord	Reason for Leaving

Last 3 years addresses – 2nd Applicant

Address	Dates	Landlord	Reason for Leaving

Notes:

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Giroscope use:

Seen By:	References sent:	Reason if NFA:	Entered onto system:	TBC:

Current housing situation/ Reason for needing Giroscope housing		Bedrooms required	Areas required
Any housing arrears/overpayments?		Currently receiving housing benefit?	
Have you ever been evicted?		Are you on the HCC list?	
Any problems reading / writing?		Ever managed a tenancy before?	
Employment status?		Are you pregnant?	
Do you have any pets?		Any convictions / probation orders?	
Ok to refer to other housing providers?		Any anti-social behaviour orders?	
Any history of mental health conditions?		Any history of substance misuse?	
Comments:			
Current support/Agencies involved:			

People / Children moving with you:

Name			
DOB			
Relationship			
School			

References: (One from the current or most recent landlord)		
Name		
Address		
Telephone number		
Relationship		
When can we contact?		

IDENTIFICATION – SEE LIST ON SARAH’S WALL FOR ACCEPTABLE ID

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I agree to Giroscope contacting references, those detailed below and previous landlords so that they can assess my suitability for housing. I also confirm that the information given on this form is true to the best of my knowledge, and understand that providing false information could jeopardise any housing offered to me.

Signed..... Signed.....

Date: